DP

UNITED
NATIONS

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/121
23 March 1993

ORIGINAL: ENGLISH

Fortieth session
1 - 18 June 1993, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Madagascar
Support for a comprehensive population programme

Proposed UNFPA assistance:	$7 million, of which $5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1993
Executing agencies:	Government of Madagascar United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning

Madagascar

Demographic facts

Population (000)	
Total	12,010
Males	5,947
Females	6,063
Sex ratio (/100 females)	98.1
Urban	2,860
Rural	9,151
Per cent urban	23.8
Population in year 2000 (000)	16,579
Functional age groups (%)	
Young child: 0-4	18.2
Child: 5-14	26.9
Youth: 15-24	18.9
Elderly: 60+	4.8
65+	3.0
Percentage of women aged 15-49	44.9
Median age (years)	17.4
Dependency ratios: total	92.7
(/100) Aged 0-14	87.0
Aged 65+	5.7
Agricultural population density	
Population density (/sq. km.)	20
(/hectare of arable land)	3.6

Average annual change (000)	
Population increase	429
Births	595
Deaths	166
Net migration	0
Annual population total (% growth)	3.29
Urban	5.84
Rural	2.14
Crude birth rate (/1000)	45.5
Crude death rate (/1000)	12.7
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.60
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	3.26
Net reproduction rate (/woman)	2.43
Infant mortality rate (/1000)	97
Maternal mortality rate (/100,000)	240
Life expectancy at birth (years)	
Men	54.0
Women	57.0
Both sexes	55.5
GNP per capita (U.S. dollars, 1991)	230

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $7 million, of which $5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Madagascar in achieving its population and development objectives. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. This would be the third UNFPA programme of assistance to the Government of Madagascar. Since 1980, UNFPA has provided assistance to Madagascar in support of two comprehensive population programmes. The first, approved in June 1980 in the amount of $8 million for a five-year period (1980-1985), was extended to December 1986 as a result of low implementation. The second, in the amount of $4 million, which started in January 1987 for four years, also had to be extended due to the socio-political situation that prevailed in the country.

3. The proposed programme is based on the major findings and recommendations of the Programme Review and Strategy Development (PRSD) mission fielded by UNFPA in June 1992. It is designed to help the Government to come as close as possible to achieving the objectives set forth in the national population policy document approved by its National Assembly in December 1990. It would have the following specific goals to be attained by 1997: (a) to assist concerned national entities to formulate operational plans and programmes for the implementation of the national population policy; (b) to reduce the maternal and child mortality rate by 25 per cent by expanding accessibility to integrated maternal and child health and family planning (MCH/FP) services; (c) to increase family planning coverage and the contraceptive prevalence rate from 3 per cent in 1992 to 14 per cent in 1997; (d) to improve the status and the role of women in the development process by assisting in the design of a national strategy and programme for the advancement of women; and (e) to enhance knowledge of demographic indicators for planning and evaluation purposes.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. In 1990, Madagascar, an island of 587,000 square kilometres, was estimated to have 12 million inhabitants. The population is unevenly distributed in the country's six provinces, and internal migration is widespread, in particular from the south, which is affected by drought, towards the capital and the north. As a result, the urban population is growing at an annual rate of 6 per cent. The annual population growth rate is 3.3 per cent, which if sustained would mean that the population would double in 22 years. The total fertility rate of 6.6 children per woman results from a socio-cultural context that favours large families and early marriage. Approximately 45 per cent of the population is under 15 years of age, and the dependency ratio is quite high at 93 per 100 population 15-64 years of age. The limited available data suggest a high death rate, especially among children. From the mid-1970s to 1990, the infant mortality rate increased from 80 to 120 per 1,000 mainly because of the continuous deterioration of living conditions and

the degradation of health services. Maternal mortality, estimated at around 400 deaths per 100,000 live births, is partly linked to the high occurrence of illegal abortions.

6. During the past two decades, the demographic situation was not a major source of concern to the Government. In the 1990s, partly as a result of deteriorating socio-economic conditions and the rapid rate of population increase, the Government's attitude towards population issues evolved in a positive way. This led to the adoption of a comprehensive population policy in December 1990. The National Group of Parliamentarians on Population established in 1989 was instrumental in sensitizing decision makers and the public to the principles of the policy. The policy is not restricted to demographic issues but also addresses social and human development issues as well. It delineates demographic, economic, socio-cultural and political responses to improve the quality of life of the population. The policy has yet to be translated into operational sectoral plans, and the authorities therefore have not been able to assess the financial and human resources required to implement it.

7. Economic and social conditions. Madagascar has experienced deteriorating economic conditions principally due to low global prices of the main cash crops (coffee and vanilla), fiscal and trade-balance deficits, heavy debt and high inflation. The gross national product (GNP) per capita dropped from $340 in 1972 to $230 in 1989. It now ranks among the poorest countries in the world and was classified by the United Nations as a least developed countries (LDC) in 1991. Since 1986 the Government has embarked on a structural adjustment programme that includes several agreements signed with the World Bank in the areas of industry, agriculture, the public sector, social programmes, and support in managing the national economy. The once centralized and state-run economy has given way to a free-market approach. These drastic reforms produced a few encouraging results, but the economy came to a standstill in 1991 because of political turmoil and general strikes that paralysed both the private and public sectors. A transitional government was formed, a new constitution adopted and presidential elections held in 1992.

8. These economic problems have had serious repercussions on social sectors. The health sector's budget, for example, decreased from 10 to 6 per cent of overall government expenditures. This led to shortages of drugs and equipment and the closing of numerous health units. There are now 1,087 primary health care units, 799 health centres and 69 hospitals in the country while trained personnel includes 1,227 medical doctors, 25 pharmacists and 101 dentists. It is estimated that only 65 per cent of the population is within one-hour walking distance of a health facility. The main causes of morbidity are malaria and acute respiratory diseases. Malnutrition is a major cause of infant mortality. The alarming increase in the number of tuberculosis cases (20 per cent a year) since 1985 is a cause of concern, particularly in view of its association with AIDS. However, only 2 AIDS and 18 HIV-seropositive cases have been reported to date. In 1992, an agreement was signed with the World Bank for a major reform of the health sector.

9. The number of health units providing family planning services has increased from 50 in 1989 to 147 at present. Of these units 58 are run by the Ministry of Health, 10 by FISA (the local International Planned Parenthood Federation (IPPF) affiliate) and 79 jointly by the Ministry of Health and by FISA. Some clinics run by private enterprises and parastatal bodies also offer family planning services. Ten centres are equipped to perform surgical contraception; 2 centres provide Norplant sub-dermal contraceptive implants, which have been successfully introduced with assistance from UNFPA and the Population Council. The family planning programme, which had received assistance only from IPPF and UNFPA during the 1980s, has now attracted more donors, notably the World Bank and the United States Agency for International Development (USAID). The adoption of a population policy by the Government in December 1990 has helped in the promotion of family planning services. Still, it is estimated that only 5 per cent of pregnant women undergo the four recommended prenatal consultations.

10. During the period of monarchy in Madagascar, there was a tradition of women holding high office. In spite of this tradition, women tend to be underrepresented in the professional fields. Women do have equal access to education opportunities and enjoy many rights, although the majority may not always be well informed about these rights. In 1988, 92 per cent of eligible girls were enrolled in primary school. The illiteracy rate for women over 15 was estimated at 38 per cent compared to 26 per cent for men. Women's economic activities are limited by a lack of markets. A Directorate on the Condition of Women and Children within the Ministry of Population is responsible for developing women's programmes and activities.

11. Since the mid-1980s there has been a consensus in Madagascar about the need to safeguard the environment. This was generated by rapid deforestation caused by adverse climatic conditions, traditional agricultural techniques and demographic pressure. The Government set up a National Office for the Environment in 1989 and officially adopted an Environmental Charter in December 1991.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. Since 1970, UNFPA has provided assistance to Madagascar, first through individual projects designed to address specific needs and, since 1980, through two comprehensive population programmes. The second of these programmes, 1987-1990, was extended to 1992 because of political unrest. Its primary goal was to create awareness of the country's population issues; promote the integration of family planning/birth spacing into MCH services; establish a population unit within the Ministry of Planning to lay the groundwork for formulating a population policy; and increase the involvement of women in population and development activities. An overall assessment shows that the programme achievements were satisfactory: The Government has now accepted the goals of family planning, and services are now available in 58 governmental health and 79 joint services units; political leaders and decision makers have been sensitized to the interrelationships between population and socio-economic development, which facilitated the adoption of the comprehensive population policy in December 1990; activities are well advanced for carrying out the second population and housing census which had been postponed because of political unrest; the integration of population and family life education concepts into the educational system has been tested and curricula have been developed; and women leaders have been trained in four provinces with the aim of carrying out family life education and promoting income-generating activities for women.

Maternal and child health and family planning

13. At the beginning of the second country programme in 1987, the Government of Madagascar was not prepared to integrate family planning into its health system. UNFPA helped to develop a pilot project to introduce family planning services in a selected number of public health services. The project relied on the epidemiological approach of identifying those at high risk and encouraging them to use child spacing as a means of family planning. In the private sector, assistance was provided to reinforce the family planning services of FISA, JIRAMA (the parastatal National Electricity and Water company) and SALFA (the Lutheran Church Group). Activities consisted of training medical personnel in clinical family planning techniques, counselling and data collection; providing contraceptives and medical, office, data-processing and audio-visual equipment; and improving the MCH/FP logistics and information system. In collaboration with The Population Council, Norplant was introduced and is now being used by 200 women. By the end of 1992, services were available in 147 health centres including 58 in the public sector. A better assessment of the contraceptive prevalence rate, currently estimated at 3 per cent, will be available upon completion of the Demographic and Health survey currently being carried out. The Government of Madagascar, FISA, JIRAMA and SALFA were the implementing agencies for the sector, with technical backstopping from the Université Libre de Bruxelles.

14. In spite of the progress made, the programme experienced a number of weaknesses that need to be addressed: (a) the Health Department lacks adequate expertise in planning, management and evaluation of the integrated MCH/FP programme; (b) decision-making and supervision of activities are overly centralized; (c) although an MCH/FP national plan has been outlined, a strategy based upon a programme approach has yet to be adopted to replace the great number of individual projects supported by various donors; and (d) access to services is hindered by inadequate geographical coverage as well as shortage of equipment and essential drugs and the lack of motivation of health-care personnel. Moreover, the different prices charged by the various service providers are a source of confusion among acceptors. There is a need, therefore, to prepare a comprehensive plan for training health-care personnel and to develop a research strategy. Similarly, an IEC programme to support MCH/FP activities has to be developed in order to counter negative rumours about family planning and increase knowledge of the health benefits of family planning.

Information, education and communication

15. Initially, the UNFPA programme of assistance included the funding of mass media communication activities in the field of population to be carried out by the Ministry of Information. But this did not materialize as planned, partly due to the lack of official government commitment to population issues before the adoption of the national policy in December 1990. In addition, the Ministry of Information did not perceive that it had a role to play in the population sector. As a result, UNFPA assistance in the IEC informal sector consisted mainly in supporting the awareness-creation activities of the National Group of Parliamentarians on Population, which had been set up within the National Assembly to promote the understanding of the interrelationship between population and development among parliamentarians, political leaders, provincial administrators and the public. The Group played an important advocacy role in the adoption of the population policy. In addition to organizing a number of seminars and meetings on population issues, the Group has proposed revisions to laws in order to benefit women in such areas as marriage and legal residence, and has worked to repeal the 1920 law prohibiting the sale of contraceptives. It has also initiated a study to revise the Family Code and land inheritance system.

16. In the formal sector, UNFPA assisted the Ministry of Education in developing a pilot programme to integrate population and family life education concepts into the school system at the upper-primary and lower-secondary levels. Activities included the training of a core team at the central level and pedagogical staff, headmasters and teachers at provincial levels. Curricula, teaching manuals and materials and a general reference guide have been prepared and tested in 18 schools. Parents and decision makers have been sensitized to the need for population and family life education for youth. The programme suffered from a long interruption due to general strikes that paralysed the public sector in 1991. In addition, the strategy to introduce these topics had to be reviewed in the context of the major overall educational reform currently being undertaken by the Ministry of Education.

Data collection and analysis

17. The main intervention of UNFPA in data collection was to assist the Government in carrying out its second post-Independence population and housing census. The enumeration that was scheduled to take place in 1990 had to be postponed because of political unrest. Preparatory activities, including cartographic work, preparation of questionnaires and training of enumerators, have been conducted.

18. In order to have updated information on mortality, other demographic indicators and the contraceptive prevalence rate, UNFPA supported, in collaboration with USAID, the Demographic and Health Survey undertaken in 1992 by the Research Unit of the Ministry of Higher Education. UNFPA also provided

assistance to the Division of Maternal and Child Health of the Ministry of Health to collect and analyse MCH/FP statistics. Although data have been published, the analysis is inadequate due to the lack of expertise in the field of computer systems and statistics.

Population policy formulation

19. In 1987, UNFPA assisted the Ministry of Planning in setting up a Population and Development Unit in preparation for the formulation a population policy. In order to have updated data, the Unit commissioned a number of studies that included population projections for Madagascar; the concept of development in the Malagasy socio-cultural context; the living conditions of women; fertility levels; and the Madagascar family. The Unit also prepared a document on methodology for integrating population variables into socio-economic development plans. The Unit organized a series of seminars and meetings to sensitize political leaders, decision makers and parliamentarians to the country's population issues and to the demographic component of socio-economic development. The Futures Group was invited to collaborate in a national seminar to demonstrate the consequences of rapid population growth on development. A comprehensive population policy was elaborated and approved by the National Assembly in December 1990. However, it was not possible to integrate population variables into development plans because the Government's 1991-1995 National Development Plan was not formulated into national and sectoral action plans.

Women, population and development

20. UNFPA provided support to the Social Unit of the Ministry of Population in integrating population and family life education into the activities run by its network of Women's Promotion Centres. A component for income-generating activities for women, including the use of a revolving fund, was also included. Under the programme, still on a pilot basis in five of these centres, the Unit arranged for the training of a core technical team in the field of management and qualitative research; conducted a sociocultural survey through focus group discussions to ensure a better targeting of IEC messages; and produced educational and multi-media materials, including posters, cartoons, leaflets, radio plays and picture-boxes. Women leaders were trained in the use of those materials. Modalities for a revolving fund to promote income-generating activities have also been developed.

21. UNFPA also supported a study on local traditional practices relating to fertility and contraception based on a sample of urban, suburban, and rural female population. The findings show a significant incidence of abortion both in rural and urban areas and a widespread use of traditional herbal medicines for abortion and birth control. The findings of the study reveal a large need for family planning and IEC services, which will have to be disseminated among national IEC specialists and incorporated in the sensitization campaign to promote modern contraceptive methods and expand family planning activities.

Other external assistance

22. The other major donors in the field of population in Madagascar are the World Bank, USAID, UNICEF and IPPF. In the context of the structural adjustment programme, the World Bank supported a household survey that includes demographic aspects. Since 1988 the World Bank has been supporting a $25 million programme to extend, renovate and strengthen primary health care centres including those that provide MCH/FP services; to prevent contagious and endemic diseases such as malaria; and to promote the development of village community dispensaries. An agreement for a loan of $31 million for 1992-1996 has also been signed with the World Bank for an overall restructuring and reorganization of the health sector.

23. USAID provided assistance to help formulate the population policy, conduct the population census and the Demographic and Health Survey, and support various activities related to IEC conducted by the Ministry of Health and FISA. In 1992, the Government signed a $33 million agreement with USAID for an eight-year comprehensive population programme whose aim is to expand family planning and IEC services as widely and rapidly as possible. USAID also supports an environmental protection project called "Nature/Debt" which includes the training of foresters in population education.

24. Within the framework of its 1991-1994 programme, UNICEF funds activities for extended immunization; the fight against malaria and diarrhoeal diseases; development of integrated IEC activities; upgrading of health facilities and training of health personnel; and the introduction of environmental protection concepts into schools curricula. UNICEF places emphasis on community health funding in the context of the Bamako Initiative.

25. UNDP has provided help to improve technical assistance and provision of medical and laboratory equipment, MCH services and prevention of the spread of sexually transmitted diseases (STDs) and AIDS. It has also extended assistance to train women in the management of small enterprises; to facilitate the management and planning of higher education; and to conduct the population and housing census.

26. Other donors such as the French Government and the European Community also give support to the primary health care sector and participate in the reform of the educational system.

IV. THE PROPOSED PROGRAMME 1993-1997

27. The proposed programme takes into account inputs from other collaborating partners, namely the World Bank, USAID, UNICEF and UNDP. It is based on the major findings and recommendations of the PRSD mission fielded by UNFPA in June 1992. The mission underscored the positive evolution in the Government's perception of population issues, stressed the importance of the programme approach and identified some key objectives that the population programme should aim at. These are: to reinforce the general awareness of the national population policy so as to sustain national consensus and ensure full participation in its implementation; to promote, extend and improve family planning services, primarily by integrating such services into the health network and emphasizing the use of Safe Motherhood initiatives; to expand IEC activities to bring about behavioural changes favouring smaller families and to raise awareness about the need to create a balance between population and the environment; to elaborate a national policy for women, population and development; to enhance knowledge of demographic indicators; and elaborate a programme to integrate youth into population activities.

28. The national population policy adopted by the Government in December 1990 includes the following objectives to be attained by the year 2000: (a) to reduce the infant mortality rate from 120 to 70 per 1,000; (b) to reduce the total fertility rate from 6.5 to 4; (c) to reduce the annual population growth from 3.2 per cent to 2 per cent; (d) to facilitate access to contraceptive methods to all couples and individuals by setting up at least one family planning service point per district; (e) to improve the status of women and to increase their participation in the development process; and (f) to reduce environmental degradation. The PRSD mission felt that these objectives were too ambitious to be achieved in such a short period of time and therefore recommended that they be reviewed as soon as data from the population census and the Demographic and Health survey become available.

29. The proposed UNFPA programme is thus designed to help the Government to come as close as possible to reaching the above objectives. Its specific goals are detailed in paragraph 3. The strategies to be

employed to attain these goals would seek to: (a) strengthen the technical capabilities of the key ministries involved in the implementation of the national population policy, namely the Ministry of Planning, the Ministry of Population and the Ministry of Health; (b) ensure that population concerns are taken into account in all development planning taking place during the period; (c) reinforce the role of the Ministry of Health in MCH/FP service delivery; (d) promote full acceptance and implementation of the population policy through attitudinal, behavioural and educational changes of such specific target groups as civil servants, youth and rural inhabitants; (e) elaborate a data collection plan as well as a research programme that takes into account, among other things, internal migration, urbanization and population distribution; (f) formulate, in collaboration with UNDP and UNICEF, a global programme relating to women and development; and (g) help develop a coordination mechanism between the Government and donors in order to promote a programme approach to population activities.

Maternal and child health and family planning

30. The proposed programme in the field of MCH/FP would give priority to several objectives. At the central level, it would aim to reinforce the technical capacity of the MCH/FP Division of the Directorate of Preventive Medicine, Ministry of Health, in order to ensure its status as the lead agency in MCH/FP activities. At the regional level, UNFPA would assist in reinforcing the management of MCH/FP in four provinces (to complement USAID's intervention) so as to: (a) promote decentralization of activities; (b) extend integrated MCH/FP services to 200 additional health units in the four provinces and upgrade facilities to improve MCH/FP service delivery and increase family planning coverage; (c) develop a framework for operational research as part of an IEC strategy for family planning; (d) promote the Safe Motherhood approach as a means of improving women's reproductive health and addressing the high level of maternal mortality linked to complicated and high parity pregnancies and abortions; (e) develop, in collaboration with the World Bank and USAID, a comprehensive training plan for medical and paramedical personnel to meet the needs for qualified personnel required for the expansion of the programme; and (f) coordinate the procurement and distribution of contraceptives based on the needs of the government health network and NGOs active in family planning. Since UNFPA stresses freedom of choice in the use of contraceptives, health personnel would be trained to promote a wider range of contraceptives. With the aim of promoting self-sufficiency, a cost recovery scheme would be considered in the MCH/FP sector in collaboration with other donors.

32. UNFPA would provide a total amount of $3.5 million for MCH/FP activities, of which $1 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

33. As recommended by the PRSD mission, the strategy in the IEC sector would be to reach specific target groups. In that context and as a way of complementing the important input of USAID in IEC for family planning, UNFPA-supported population IEC activities would be aimed primarily at youth and the rural population. For youth, UNFPA would assist the Directorate of Youth of the Ministry of Youth and Sports to conduct a study on the needs and aspirations of young people. The findings of the study would be used to prepare a strategic action plan to integrate youth into MCH/FP programmes by setting up special counselling and service centres and by developing relevant activities and messages. This would be done in collaboration with various NGOs, including religious groups and the Malagasy Scouts Club and other donors, namely IPPF, USAID and UNICEF.

34. The other component of the programme in IEC would aim at assisting the Directorate of Agricultural Production and the Division of Communication and Information of the Ministry of Agriculture in integrating

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population education concepts, in particular population, agricultural production and environmental interactions, into its extension services. This would consist of training rural extension workers in population and family life education and communication skills, and undertaking sociocultural studies to serve as the basis for developing messages and educational materials geared towards rural communities. Similarly, UNFPA would assist the Directorate of Adult Education of the Ministry of Population in integrating population and family life education concepts into its functional literacy programme and in training its network of instructors and motivators.

35. In the formal educational sector UNFPA would continue its assistance for the integration of population and family life education concepts into the curricula of the school system. This activity, which has been tested on a pilot basis in 18 schools at the upper-primary and lower-secondary levels, would be extended to all levels including teacher training colleges. The overall educational reform currently being undertaken by the Government would facilitate the incorporation of these subjects into the initial revision of the curricula. UNFPA would collaborate with donors contributing to that reform, namely the French Government, the German Agency for Technical Cooperation (GTZ) and the World Bank in order to determine the type of assistance required. In addition, information materials, leaflets and brochures relating to such topics as the risks associated with teenage pregnancies, abortions and STDs would be made available to students.

36. UNFPA would provide a total amount of $1.6 million for the IEC sector, of which $500,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

37. In the area of data collection and analysis, the programme would aim at updating socio-economic and demographic data for use in development planning and for evaluating the impact of the population programme. In collaboration with UNDP and USAID, UNFPA would continue its assistance to the population census, which is planned to be conducted as soon as security conditions permit. Support would be provided for the dissemination of data through the holding of national and regional seminars. In addition, UNFPA would support the elaboration of a comprehensive strategy and programme to coordinate and rationalize data collection. A research study on migration would also be undertaken to assess levels and trends in rural-to-urban migration. The study's findings would be used for planning purposes. In 1997, UNFPA would provide assistance to conduct a second round of the Demographic and Health Survey, which would help in assessing the impact of the population programme.

38. UNFPA would provide an amount of $400,000 for data collection and analysis activities, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

39. UNFPA proposes to assist the Government of Madagascar in reinforcing its technical and institutional capabilities to implement the national population policy and to integrate population variables into development plans and programmes. UNFPA proposes to strengthen the Ministry of Population through technical assistance, training and provision of equipment to enable it to coordinate the implementation of the policy; to assist in preparing a national action plan; to set up a National Population Commission; and to create intersectoral technical committees at national and regional levels to promote coordination among the ministries, institutes and NGOs concerned. UNFPA would also assist in reinforcing the role of the Population Planning Unit of the Ministry of Planning so that it can define a new planning framework taking into account population variables, develop a research framework to assess the impact of the policy, and update its objectives

as necessary. The Ministry of Population and the Population and Development Unit would conduct joint mass media programmes and social mobilization activities in the provinces in order to create awareness among decision makers, planners, political and religious leaders of the importance of integrating population factors into development plans.

40. UNFPA would provide an amount of $700,000 for this sector, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

41. UNFPA proposes to collaborate with UNDP and UNICEF in strengthening the technical capability of the Directorate on the Condition of Women of the Ministry of Population to elaborate a strategy and action programmes for the advancement of women. This would also include strengthening the technical capability of key ministries and NGOs for integrating women's concerns in their respective activities. Studies on women's issues, including women's reproductive health, would be commissioned and the findings used to help prepare the strategy. In addition, UNFPA would continue its assistance to the Ministry of Population to extend micro-enterprise and family life education activities to Women's Promotion Centres around the country. UNFPA would provide $600,000 for women, population and development activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

42. An amount of $200,000 would be held in reserve for new proposals that would be developed within the framework of the proposed programme.

Programme coordination

43. In addition to the National Population Commission, which, when established, would help to achieve the requisite political involvement, an intersectoral technical committee for coordination comprising the key ministries, research institutes and NGOs involved in the implementation of the population policy would be set up, with the Ministry of Population as secretariat. Five sub-committees would be constituted in the various areas of mutual concern. Two annual meetings would be scheduled to examine plans for each sector and to evaluate their appropriateness in relation to the programme objectives and their impact. In the context of the Joint Consultative Group on Policy (JCGP), regular meetings would be organized among representatives of United Nations agencies in a concerted effort to avoid duplication of activities. Regular meetings among other donors would also be held in an effort to coordinate assistance.

Programme monitoring, evaluation and management

44. The Country Director, in collaboration with the UNFPA Representative, and assisted by two national programme officers would provide assistance and guidance to the Government in the implementation of the proposed programme. Standard UNFPA procedures on monitoring and evaluation would be followed, including annual reviews, progress reports and field visits. All projects would have built-in evaluation mechanisms, and the major ones would be subject to independent evaluations. A mid-term review meeting would be organized in late 1995 to assess the implementation of the programme and make recommendations for its final phase. UNFPA would make full use of available and appropriate national technical assistance, complemented by the UNFPA Country Support Team located in Harare, Zimbabwe.

Financial summary

45. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $7 million over the five-year period 1993-1997, of which $5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources	Other resources	Total
Maternal and child health and family planning	2,500,000	1,000,000	3,500,000
Information, education and communication	1,100,000	500,000	1,600,000
Data collection and analysis	300,000	100,000	400,000
Population policy formulation	500,000	200,000	700,000
Women, population and development	400,000	200,000	600,000
Programme reserve	200,000	--	200,000
TOTAL	5,000,000	2,000,000	7,000,000

V. RECOMMENDATION

46. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Madagascar in the amount of $7 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $5 million from UNFPA's regular resources over the period 1993-1997;

(c) Further authorize the Executive Director to seek to provide the balance of $2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Madagascar and with the executing agencies.

DP

UNITED
NATIONS

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/122
23 March 1993
ORIGINAL: ENGLISH

Fortieth session
1 - 18 June 1993, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Sierra Leone
Support for a comprehensive population programme

Proposed UNFPA assistance:	$5.2 million, of which $3.5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.7 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1993
Executing agencies:	Government of Sierra Leone United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Department of Finance, National Development and Economic Planning

Sierra Leone

Demographic facts

Population (000)	
Total	4,151
Males	2,039
Females	2,112
Sex ratio (/100 females)	96.6
Urban	1,335
Rural	2,815
Per cent urban	32.2
Population in year 2000 (000)	5,395
Functional age groups (%)	
Young child: 0-4	18.3
Child: 5-14	26.2
Youth: 15-24	18.6
Elderly: 60+	5.1
65+	3.1
Percentage of women aged 15-49	44.9
Median age (years)	17.8
Dependency ratios: total	90.7
(/100) Aged 0-14	84.7
Aged 65+	6.0
Agricultural population density (/hectare of arable land)	5.2
Population density (/sq. km.)	58

Average annual change (000)	
Population increase	118
Births	214
Deaths	96
Net migration	..
Annual population total (% growth)	2.66
Urban	5.01
Rural	1.43
Crude birth rate (/1000)	48.2
Crude death rate (/1000)	21.6
Net migration rate (/1000)	..
Total fertility rate (/woman)	6.50
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	3.20
Net reporduction rate (/woman)	2.09
Infant mortality rate (/1000)	143
Maternal mortality rate (/100,000)	450
Life expectancy at birth (years)	
Males	41.4
Females	44.6
Both sexes	43.0
GNP per capita (U.S. dollars, 1990)	240

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $5.2 million, of which $3.5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Sierra Leone in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.7 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme, UNFPA's second cycle of assistance to Sierra Leone, is based principally on the findings and recommendations of a UNFPA Programme Review and Strategy Development (PRSD) mission that visited the country in September 1990. The PRSD mission had intensive discussions with senior officials of the sectoral ministries, other agencies of the United Nations system, non-governmental organizations (NGOs) and with other multilateral and bilateral donors in the population field. The programme has been designed taking into account the Government's development objectives as expressed in its Socio-Economic Policy Framework Paper (1990-1993), and the country's overall population objectives as stated in the recently adopted National Population Policy for Development, Progress and Welfare.

3. The proposed UNFPA programme would concentrate on three areas: maternal and child health and family planning (MCH/FP); population information, education and communication (IEC); and women, population and development. Its immediate objectives would be: (a) to help reduce maternal and infant morbidity and mortality levels by extending family planning services in nine districts, increasing contraceptive prevalence and promoting responsible parenthood; (b) to support action-oriented programmes in the area of women, population and development aimed at promoting responsible parenthood and creating awareness of other issues concerning health, family planning and development; (c) to strengthen the institutional capacity and develop the human resources needed to implement the country's population programme successfully; and (d) to translate the population policy framework into quantitative terms by setting realistic targets based on appropriate surveys and studies.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)) and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

5. Demographic trends. In 1985 UNFPA assisted Sierra Leone in conducting its third population census. The results of this census showed a total population of 3.5 million, up from 2.7 million in 1974. The annual rate of growth of the population, estimated at 2.7 per cent (1974-1985), will probably increase in the coming years as infant and child mortality decline. (The United Nations projections indicate a population of 5.5 million by the year 2000.) The total fertility rate is estimated at 6.5 children per woman. Life expectancy at birth is estimated at about 42 years, while infant mortality is estimated at about 150 per 1,000 live births. Sierra Leone has an extremely young population with a high dependency ratio of 91 per 100 adults.

6. Sierra Leone's urban population is growing at a rate of over 5 per cent a year. The urban population increased from 26 per cent of the total population in 1974 to 32 per cent in 1985, and it is expected to rise to over 40 per cent by the year 2000. Over 40 per cent of the urban population is in Freetown, the capital city. In recent years, high rural-to-urban migration has intensified.

7. Both knowledge and availability of family planning services are limited in rural areas, and birth spacing in the form of post-partum abstinence is the main contraceptive practice. It is estimated that only 5 per cent of married women use modern contraceptives. Male opposition is regarded as a serious constraint to the expansion of modern family planning methods. Starting in 1992, the Ministry of Health began playing a major role in promoting family planning by including it as a part of MCH services. The prevalence of AIDS is not high compared to other African countries. However, serological surveys among high-risk groups indicate that the disease may be spreading.

8. Social and economic conditions. In recent years, the Government has been constructing health centres and training medical personnel with the aim of making primary health care services accessible to about 70 per cent of the population. Nutritional education and sanitation are also being emphasized. In 1991, the country had 58 hospitals, 129 community health centres, 157 community health posts and 30 mission clinics. There are more than 2,350 trained health care providers, including 320 physicians, 1,477 nurses and midwives, and 312 maternal and child health (MCH) aides.

9. Adult literacy rates are extremely low. According to the United Nations Economic Commission for Africa, in 1990 30.7 per cent of men and 11.3 per cent of women were literate. School enrolment figures are also low -- in 1988 the overall enrolment figure for primary schools was 53 per cent, while only 40 per cent of girls attended primary school. The overall secondary school enrolment rate was 18 per cent. The drop-out rate is very high among both boys and girls. Due to the rising cost of education, access to educational facilities is becoming increasingly difficult.

10. Sierra Leone suffered an acute and deepening economic crisis throughout the 1980s. Based on World Bank figures, the gross national product (GNP) growth rate fell from an average of 2.8 per cent a year from 1965 to 1980 to 0.2 per cent in 1980. Per capita GNP declined from $390 in 1982 to $250 in 1992. Sierra Leone is one of the poorest countries in the world. There are wide disparities in income distribution, and over two-thirds of the population is estimated to be living in absolute poverty.

11. The social, economic and educational status of Sierra Leone women is among the lowest in the world. Due to socio-cultural beliefs, religious practices and the gender-biased interpretation of laws, women have suffered from unequal treatment, unequal rights and unequal opportunity. As a result, Sierra Leone women do not yet participate fully in the development process of their country.

12. The Government is firmly committed to national development, social progress, self-reliance and the improvement of the people's welfare. Several actions have been taken to translate these principles into reality. In 1990, the Government, with the assistance of the World Bank and the International Monetary Fund (IMF), formulated an economic development policy paper with the objective of restoring the macro-economic equilibrium, rehabilitating the infrastructure and strengthening institutional capacity to provide basic services. Recently, an agreement has been reached for an IMF-supported programme to create a favourable investment climate in the country. The Government is also committed to integrating population components into development planning. As a result, the National Population Commission was created in 1982, a national population programme framework (National Population Policy Paper) was formulated in 1989, and in 1992

the Government requested international assistance in developing and implementing action plans for different areas of its population programme.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA assistance to Sierra Leone dates from 1971, when funding was provided for small-scale activities in family planning, population education, demographic training and research as well as for certain demographic data projects and help with the 1974 population census. By the end of 1984, UNFPA funding has totalled $4 million.

14. The first comprehensive country programme was approved by the Governing Council in 1985 for four years for a total of $2.8 million. The country was not able to utilize that amount effectively during the programme period, and the programme was extended to December 1991. An additional amount of $200,000 was provided to conduct a census of Liberian refugees in Sierra Leone. The major achievements of the programme included raising the awareness of population issues on the part of senior government officials, policy makers and parliamentarians. This helped the Government to formulate the national population policy and to adopt a national family planning programme that included a strategy to improve and expand family planning delivery. A framework for integrating population into development planning was also put into place.

15. Implementation of UNFPA's first country programme was seriously constrained by Sierra Leone's difficult economic situation. As a result, there were delays in meeting counterpart obligations. The non-competitive salary structure of public sector employees led to a high attrition rate for qualified staff at every level. The scarcity of trained and experienced nationals to design and manage population programmes and the poor coordination between the Government and NGOs in the field of family planning services and IEC programmes resulted in a duplication of effort. The lack of appropriate governmental institutions seriously affects such activities as women, population and development and population IEC. The very poor state of the road network and other infrastructure makes supervision and monitoring extremely difficult.

16. Recently, the Government, in collaboration with major donors, has taken the initiative to address these problems with a view towards strengthening its capacity to manage and sustain socio-economic development programmes. Steps taken are designed to increase fiscal discipline, carry out public sector reform and economic restructuring and to improve management. The World Bank is providing significant assistance in this area in order to reduce the size of the civil service and to adjust public sector salaries.

Maternal and child health and family planning

17. UNFPA has been providing assistance to the Government of Sierra Leone in the area of MCH/FP since 1980. UNFPA support began as a pilot activity, and it has since been extended to cover seven district health hospitals and 30 health centres in 11 districts and in the Western area.

18. Although over 130 female health assistants, 82 MCH aides and 430 traditional birth attendants (TBAs) have received training in family planning, follow-up activities have been deficient. In addition, overlapping of geographic areas of intervention with other agencies providing family planning services led to a duplication of efforts and resources. As a result, it was difficult to assess the impact made by each of the various agencies. The mobile team strategy that was adopted for service delivery did not prove to be cost effective either in terms of resources expended or in the number of acceptors gained. Other factors that affected project implementation were the weak institutional capacity, the lack of a coherent policy or programme, weak

management information systems (MIS) and logistics, including monitoring and supervision, and lack of precise service delivery targets.

Information, education and communication

19. The major objective of UNFPA efforts in the field of population IEC was to change behavioural attitudes in a positive manner through the promotion of greater awareness at all levels of society of population issues, problems and solutions. UNFPA assistance for population education in the formal sector was targeted at youth in secondary schools, pre-service teacher training and adult education training programmes. The major activities included the preparation of teacher's guides and resource books in certain core subjects and the training of teachers in writing skills and in the use of these materials.

20. Intervention in the non-formal education was largely targeted at organized cooperative and women's groups. The strategy was to use income-generating activities as the entry point for supplying family planning information. However, the desired linkage did not materialize because of lack of expertise on the part of national NGOs in carrying out these integrated programmes.

Data collection and analysis

21. One of the main objectives of the first UNFPA programme of assistance was to help provide reliable data for national development planning. UNFPA assisted with the 1985 population census, which was conducted in collaboration with UNDP's assistance for household surveys. The successful completion of the 1985 national census provided the necessary database for socio-economic planning. UNFPA assistance strengthened national capacity through overseas and local training and technical backstopping.

22. The successful completion of the household survey helped the Central Statistical Office (CSO) strengthen its capacity to collect and analyse basic socio-economic data required for planning. The CSO has now analysed the population census data and has held a seminar to disseminate the findings. However, the timely completion of project activities was hindered by high staff turnover. The unreliable supply of electricity delayed publication of the census reports and was also a cause of the relatively high cost of maintaining equipment. On a positive note, however, the experience gained by national experts in all phases of the census has inspired confidence in their ability to carry out planned activities during the second country programme.

23. UNFPA assistance in developing a unified system of vital registration began in 1980. The objectives included promulgating the enabling law and establishing operating rules for the registration of vital statistics in Sierra Leone as well as helping to set up the structure and train the staff necessary to carry out a model registration programme in selected areas of Freetown. Although many of the objectives were achieved, there is a need to consolidate activities. Weak infrastructure and financial constraints may make it difficult to sustain and expand the civil registration programme.

Population policy formulation

24. UNFPA assistance helped to create the Population and Human Resources Section (PHRS) in the Department of Finance, National Development and Economic Planning and the National Population Commission (NPC). It also assisted in developing a national population programme framework, which was

announced in 1989, and in formulating sector action plans and in filling in some critical gaps in the demographic database.

25. The present low profile and inadequate staffing of the PHRS have created a weak institutional base that needs strengthening. A strengthened PHRS would be able to help the National Population Commission play a more dynamic role in coordinating, monitoring and evaluating population programmes. The PHRS has made considerable progress in disseminating information on population activities to institutional and other target groups. Other national institutions, such as the University of Sierra Leone, continue to play a significant role in the area of population and development research.

Women, population, and development

26. Efforts to improve the condition of women were implicitly integrated into projects in other sectors, most notably in MCH/FP and IEC. Such efforts had varying levels of success. Many of the IEC materials used to support family planning activities were often not adequate or pertinent to either gender issues or the socio-cultural context. One of the very few quantitative studies of the impact of women in development activities showed that in one family welfare education project 148 women were trained in income-generating activities. There are no data or follow-up actions to assess the impact or sustainability of the activity.

Other external assistance

27. Other donors active in health and related activities in Sierra Leone are UNICEF, the World Bank and, to a smaller extent, the United States Agency for International Development (USAID), the German Agency for Technical Cooperation (GTZ), the French Government and selected international NGOs. UNICEF is by far the major donor, earmarking $16 million from various funding sources for activities over a five-year period, 1991-1995. The UNICEF programme focuses primarily on the expanded programme of immunization (EPI), social and community mobilization and related activities. The World Bank is focusing its assistance on the essential drugs programme, renovating and re-equipping health facilities and strengthening institutional capacity.

28. USAID, until it phased out locally-funded activities in 1989, supported family planning activities through its Family Health Initiatives in the Bo, Moyamba and Bombali districts by providing training, fellowships and contraceptive supplies. The GTZ, as part of a multisectoral rural development project in two districts in Southern province, supported the Ministry of Health in implementing a nutrition programme and a primary health care programme (PHC), including family planning information and services.

29. The International Planned Parenthood Federation (IPPF) through its local affiliate, the Planned Parenthood Association of Sierra Leone (PPASL), supported family planning activities that included the provision of contraceptives, equipment, laboratory facilities and outreach efforts in the Western area and in many provincial areas. The Pathfinder Fund provided support for the PPASL's community-based distribution project and also to the NPC in the preparation of population policy position papers, study tours and conferences. Population Services (a European NGO), the European Community and Marie Stopes International provided funds in support of family planning activities of the Marie Stopes Society, including the provision of contraceptives, equipment and other supplies. The result of all these activities could be said to be rather modest.

IV. PROPOSED PROGRAMME 1993-1997

30. The overall needs of Sierra Leone for assistance in the population sector are enormous, wide-ranging and beyond the resources that UNFPA can provide to the country. The UNFPA programme, therefore, has been designed to concentrate on three areas, namely, MCH/FP, IEC, and women, population and development. In addition, limited assistance would be given to other areas of UNFPA's mandate. Its immediate objectives are detailed in paragraph 3. The programme strategies devised to achieve these objectives are as follows: family planning activities would be integrated into MCH services within the context of the primary health care using the UNICEF expanded programme of immunization (EPI) service delivery network. UNICEF would continue to implement the UNFPA activities, which would include training in family planning counselling and referrals, delivery of services, and development of culturally sensitive IEC messages. UNFPA would also assist the Government in collecting population data through baseline studies and in using this information in setting realistic targets and evaluating the results of various activities. The Fund would also provide assistance for staff training at the MCH/FP Division in the Ministry of Health, the Central Planning Unit of the National Population Commission, and the Central Statistical Office.

31. Other programme strategies would include: (a) strengthening the role of NGOs by promoting greater collaboration between the Government and NGOs through joint activities and by involving NGOs in the work of population advisory committees; (b) enhancing collaboration and coordination among international donors; and (c) promoting national execution of programme activities through greater use of national expertise, complemented by the technical backstopping provided by the UNFPA Country Support Team based in Dakar, Senegal. The proposed programme would also continue efforts to implement the population policy, increase the contraceptive prevalence rate, and develop and implement comprehensive and coordinated IEC and women, population and development programmes.

Maternal and child health and family planning

32. In the MCH/FP sector, UNFPA would employ the following four-pronged approach to help reduce the country's high levels of infant, child and maternal morbidity and mortality: (a) integrate family planning services into MCH services, using the EPI network developed by UNICEF; (b) extend the coverage of integrated MCH/FP services in 9 of the country's 13 districts, making use of the primary health care service-delivery network and staff and community-based distribution activities; (c) increase the supply of contraceptives in order to increase the contraceptive prevalence rate from 5 per cent to 12 per cent; and (d) make use of the IEC component of the primary health care network to promote family planning and responsible parenthood. The Fund would seek, through training and technical support, to strengthen the institutional capacity of the MCH/FP Division, at both the central and district levels, so that it can progressively improve the quality of reproductive health and family planning services provided in the 9 districts.

33. The EPI network is not at present equipped to provide contraceptive information and services. UNFPA assistance would therefore be used to train EPI staff in key aspects of family planning service delivery as well as provide contraceptives and related medical equipment and supplies. The extension of integrated MCH/FP services throughout the primary health care network would be accomplished in stages, starting with the Western area and Port Loko districts, in an effort to reduce any unnecessary duplication of services with other donor agencies. The activities of the first stage would be evaluated so that the experience gained could be used to improve activities in subsequent stages. UNFPA would also provide support to help set up a mechanism to coordinate the MCH/FP and related IEC activities of the leading NGOs active in the country.

34. UNFPA proposes to provide $2.8 million for the MCH/FP sector, of which $600,000 would be sought from other sources, including multi-bilateral sources. Approximately $1.2 million of that amount would be earmarked for contraceptive supplies.

35. As the project activities expand beyond the envisaged target areas, and in order to meet the demands for family planning services, additional assistance would be required. It will be necessary to seek other sources of financial support or of contraceptive supplies. The contraceptives that have been made available through UNFPA assistance, and which would continue to be provided, include oral contraceptive pills, the most widely used, followed by injectables, IUDs and lastly, condoms. If a decision is made to introduce other methods into the contraceptive mix, special efforts would be required to ensure adequate management through the training of staff.

Information, education and communication

36. UNFPA assistance to the IEC sector would be aimed at promoting awareness among policy makers, community, religious and traditional leaders and the public at large on population and development issues in general as well as on the objectives of the government population policy. It would seek to provide both men and women with information and education on the value of small family size and child-spacing through culturally sensitive and targeted messages.

37. The proposed strategy would be carried out in both the formal and the non-formal sectors. In the non-formal IEC sector, UNFPA would provide support to setting up an inter-ministerial/NGO advisory body to guide and direct the National Population Commission secretariat in its efforts to formulate, implement and coordinate a national population IEC programme. Assistance would be given to training in IEC skills with the ultimate aim of creating a national consensus that would provide the right climate for population activities.

38. The main consideration would be the need to reach adolescents and men with the message of promoting responsible sexual behaviour. In order to do so, support would be given to conduct the relevant sociocultural research that would enable the IEC programme to utilize both modern and traditional communication media. These efforts would be coordinated with the work of such national NGOs as the National AIDS Committee, the Planned Parenthood Association of Sierra Leone and the Sierra Leone Home Economics Association (SLHEA) and with such international organizations as UNICEF.

39. In the formal sector, UNFPA would build upon its existing assistance to integrate population education into the social studies curriculum. So far, population education is part of the curriculum in 140 secondary schools. A goal of the proposed programme would be to expand these activities to the remaining 80 secondary schools in the country. For this purpose, it is estimated that it will be necessary to train 300 teachers. (It is also necessary to provide refresher training to approximately 120 who have already been trained as well as to the population education programme staff in the teachers training institutions.) UNFPA would continue to provide assistance for the production of population education teaching and learning materials. The National Curriculum Centre, which is the national counterpart for these activities, has the experience and training to monitor and evaluate programme activities.

40. UNFPA proposes to provide a total amount of $1 million for activities in the IEC sector, of which $400,00 would be sought from other sources, including multi-bilateral sources.

Women, population and development

41. The objectives of UNFPA assistance in the field of women, population and development would be: (a) to assist the Government in integrating population elements into a national policy for the advancement of women; and (b) to help make the population aware of the importance of women's reproductive health to family welfare and their important role in national development.

42. The programme strategy would be to strengthen, in collaboration with UNDP and UNICEF, the capacity of the Women's Bureau within the Department of Health and Social Services to plan, implement, coordinate, monitor and evaluate activities that are geared towards enhancing the status of women. In this regard, support would be provided for improving women's health, increasing the literacy rate of women as well as in setting up income generation activities. This would be achieved by providing support for training activities for production and testing of IEC materials for the organization of workshops and seminars, and for the collection and dissemination of gender-specific data. In addition, a knowledge, attitude and practice (KAP) study of family planning would be carried out as well as other studies on the effects of such traditional practices as female circumcision.

43. UNFPA proposes to provide a total of $300,000 to support activities in the area of women, population and development, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Assistance to other population sectors

44. Financial constraints would not permit an expanded programme of assistance to other population sectors. However, in recognition of the importance of data collection and analysis, population policy formulation and demographic research and training, UNFPA would provide limited assistance to these sectors to the extent that activities are either generated by or are deemed to be of direct benefit to the principal sectors of the UNFPA country programme outlined above.

45. UNFPA would provide assistance for limited, closely-defined training activities in the area of data collection. Support would be given to in-country specialized training on the interrelationship between population, development and the environment for middle level and senior government staff from various ministries. They would make use of data obtained from the ongoing socio-demographic survey and the planned baseline surveys for training purposes and in setting targets for the population policy and other population projects. UNFPA would consider providing support for the NPC secretariat to enable it to conduct awareness creation workshops and seminars for national population professionals as well as for national leaders. These activities would be a collaborative effort among University-based research centres, the NPC secretariat and the Central Statistical Office.

46. UNFPA proposes to allocate $400,000 from its own resources for activities in this area and would seek an amount of $600,000 from other sources, including multi-bilateral sources, to be earmarked for the 1995 national population census.

Programme reserve

47. An amount of $100,000 would be held in reserve for any unforeseen proposals that may be developed within the framework of the proposed programme.

Programme coordination

48. The Department of Finance, National Development and Economic Planning is responsible for mobilizing, monitoring and coordinating all external assistance to the country. A combined government and United Nations task force has been set up to ensure the effective and efficient use of external aid. In the field of population, the Department of Finance, National Development and Economic Planning and the Department of Health are currently the two major focal points, and the UNFPA programme has been designed to strengthen their coordination capacity. The Joint Consultative Group on Policy (JCGP) would provide a forum for coordinating and harmonizing sectoral approaches and the activities of the member agencies of the United Nations system. UNFPA participates actively in the JCGP forum.

Programme monitoring, evaluation and management

49. Programme implementation would be monitored through the preparation of programme management plans, collection of pre-project baseline data and the incorporation of built-in evaluation mechanisms into project activities. The programme and its constituent parts would make full use of available and appropriate national and regional technical backstopping capacities, complemented by advisory services from the UNFPA Country Support Team based in Dakar. There would be a mid-term review in 1995 and a final review in 1997.

Financial summary

50. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $5.2 million over the five-year period 1993-1997, of which $3.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.7 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	2,200,000	600,000	2,800,000
Information, education and communication	600,000	400,000	1,000,000
Other population sectors (population policy, data and research)	400,000	600,000	1,000,000
Women, population and development	200,000	100,000	300,000
Programme reserve	100,000	-	100,000
TOTAL	3,500,000	1,700,000	5,200,000

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V. RECOMMENDATION

51. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Sierra Leone in the amount of $5.2 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $3.5 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of $1.7 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Sierra Leone and with the executing agencies.

DP

UNITED
NATIONS

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/123
15 March 1993

ORIGINAL: ENGLISH

Fortieth session
1 - 18 June 1993, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Colombia
Support for a comprehensive population programme

Proposed UNFPA assistance:	$5 million, of which $3 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1993
Executing agencies:	Government of Colombia United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	National Department of Planning

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Colombia

Demographic facts

Population (000)	
Total	32,300
Males	16,028
Females	16,271
Sex ratio (/100 females)	98.5
Urban	22,604
Rural	9,696
Per cent urban	70.0
Population in year 2000 (000)	37,822
Functional age groups (%)	
Young child: 0-4	11.9
Child: 5-14	23.4
Youth: 15-24	20.8
Elderly: 60+	6.2
65+	4.2
Percentage of women aged 15-49	53.2
Median age (years)	22.2
Dependency ratios: total	65.3
(/100) Aged 0-14	58.3
Aged 65+	7.0
Agricultural population density (/hectare of arable land)	2.3
Population density (/sq. km.)	28

Average annual change (000)	
Population increase	560
Births	808
Deaths	205
Net migration	-47
Annual population total (% growth)	1.66
Urban	2.17
Rural	-0.25
Crude birth rate (/1000)	24.0
Crude death rate (/1000)	6.0
Net migration rate (/1000)	-1.4
Total fertility rate (/woman)	2.67
Contraceptive prevalence rate (% 15-44)	65
Gross reproduction rate (/woman)	2.67
Net reproduction rate (/1000)	1.23
Infant mortality rate (/1000)	37
Maternal mortality rate (/100,000)	110
Life expectancy at birth (years)	
Males	66.4
Females	72.3
Both sexes	69.3
GNP per capita (U.S. dollars, 1991)	1,260

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8).

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $5 million, of which $3 million would be programmed from UNFPA's regular resources, over a four-year period, starting January 1993, to assist the Government of Colombia in achieving its population and development objectives. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme of assistance has been developed based on the findings and recommendations of a Programme Review and Strategy Development (PRSD) exercise, which included a mission to Colombia to consult with government officials and others in May 1992.

3. The long-range objectives of the proposed programme would be to contribute to the Government's efforts to reduce adolescent pregnancies; reduce maternal mortality by improving the health conditions and status of women; and increase the contraceptive prevalence rate to 70 per cent by the year 2000 to cover the unmet needs for contraception that are reflected in the high incidence of induced abortions and the resulting high maternal mortality rate. The immediate objectives of the proposed programme would be to: (a) develop a formal and explicit national population policy and a comprehensive national population programme; (b) increase the use of effective family planning methods and reduce the unmet needs for family planning services; (c) increase the understanding of responsible sexual behaviour, responsible parenthood and family planning; and (d) strengthen institutional capacity to implement population activities, especially in the context of decentralization. In accordance with the Government's policy of decentralization, UNFPA's assistance would be concentrated in certain regions and municipalities to be selected jointly by the Government and UNFPA.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. During the last 25 years, Colombia has undergone extensive demographic changes. Mortality rates started to decline substantially in the early 1960s, followed by a drop in fertility rates starting in 1965. The crude mortality rate declined from 11.5 per 1,000 in 1960 to 5.9 per 1,000 in 1992. The total fertility rate (TFR) has declined from about 6.8 children per woman around 1960 to 2.9 for the period 1987-1990, which is one of the lowest levels in Latin America. As a consequence, the annual rate of population growth has declined from 3 per cent in the early 1960s to 1.7 per cent at present. Even so, owing to the built-in momentum of population growth, it will take another 25 years at least before the annual growth rate declines below 1 per cent, and Colombia is expected to add more than 15 million people to its current population by the year 2015. The decline in fertility is mainly the result of the increased use of contraceptives. The overall contraceptive prevalence rate is estimated at 40 per cent. For women in union, who account for 53 per cent of women of reproductive age, the contraceptive prevalence rate is 65 per cent.

6. Despite its many successes, Colombia still faces serious demographic problems. Maternal mortality is high at 200 maternal deaths per 100,000 live births, as estimated by the Pan-American Health Organization (PAHO). (The government estimate is 107 per 100,000.) The rate of abortion is also high, and abortion is one of the leading causes of maternal mortality, accounting for some 25 to 30 per cent of maternal deaths. Adolescent pregnancy is still high and often results in abortion. Men infrequently practice contraception and seldom use condoms (condoms constitute less than 3 per cent of total contraceptive use). The limited use of condoms, along with a general lack of awareness, may be contributing to what appears to be a gradual trend towards the heterosexual transmission of AIDS, although homosexual and bisexual transmission of the disease is still dominant. The magnitude of these problems vary widely from region to region and among different socio-economic groups.

7. The country's dependency ratio declined from 106 per 100 in 1964 to 75 per 100 in 1985. The age group over 60 is now slightly over 4 per cent of the total population, but it is expected to more than double by the year 2025. Although in the past Colombia has been a country of net emigration, out-migration has substantially declined in recent years. The population of Colombia is now predominantly urban. The urban population is concentrated in several cities of 100,000 and more, rather than in one large city. The growth rate for the urban population is declining, and the largest cities of the country are now growing at a lower rate than the intermediate cities.

8. Economic and social conditions. Since the 1960s, Colombia's economic growth rates have been near the average of the world's developing countries. One of the important achievements of Colombia's economic development is that income distribution has become more egalitarian, and the proportion of the poor in the population as a whole has declined. Female labour force participation rates have increased, especially in the larger cities. Illiteracy has declined drastically, and the pace of expansion of education has been among the highest in the world. The enrolment rate in primary school is 84 per cent and that in secondary school is 46 per cent. There are no longer gender differences in literacy levels or in primary and secondary school enrolment rates. Interestingly, the enrolment rate of women in higher education is greater than that of men. One third of the population has no access to the public primary care health system.

9. Population and development. The most recent development plan puts primary emphasis on opening the economy to market forces and liberalizing international trade policies while targeting social action towards those groups requiring special attention. It further stresses decentralizing decision-making to intermediate and municipal levels and increasing community participation in the development process. Population is given a low profile in the national development plan and is absent from existing regional planning documents. There is no national population policy.

10. Colombia is considered a success case in the implementation of family planning activities. The key institutional structure for coordinating population activities, developing a national population policy and programme, and integrating population factors into development planning is the Population Division of the National Department of Planning. The Asociacion Pro-Benestar de la Familia Colombiana (PROFAMILIA -- the International Planned Parenthood Federation (IPPF) affiliate) and the Ministry of Health are responsible for providing family planning and reproductive health services. PROFAMILIA, the main provider of family planning services through its 48 clinics nationwide, has played a key role in achieving the current level of contraceptive use. PROFAMILIA received the United Nations Population Award in 1989.

11. Under the present development strategy, with its emphasis on decentralization, municipalities will be directly responsible for developing and implementing their own population activities as part of their development plans. They will also be responsible for providing such services as education, primary health care

and basic sanitation. The success of population activities will, therefore, depend to a large extent on how well municipal mayors mobilize resources and enlist the collaboration of their citizens.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. Total UNFPA assistance to Colombia since 1972 amounts to about $16.7 million, the bulk of which has been expended in the MCH/FP sector. Until 1988, UNFPA support was provided on an ad hoc basis addressing specific areas of need and tending to be independently implemented. The first comprehensive population programme was approved by the Governing Council in 1988 in the amount of $4.8 million for a four-year period starting in January 1988. This programme was later extended through 1992. To date, about $4.4 million has been either spent or allocated.

13. UNFPA's support to Colombia has had its greatest overall impact in the area of reproductive health and family planning by helping to provide integrated IEC and MCH/FP services to priority population groups such as deprived women and adolescents. It also contributed to some extent in promoting community participation, incorporating population factors into development planning, integrating population education into primary and secondary school curricula, and enhancing collaboration between the public and private sectors in carrying out population activities. UNFPA support to NGOs helped promote awareness about responsible sexual behaviour, gender issues, responsible parenthood and various family planning methods. Such support, although smaller in scale, has often had a more positive impact on certain target populations than work done through government agencies.

Maternal and child health and family planning

14. UNFPA support to MCH/FP activities was extended primarily through the Ministry of Health, with the technical assistance of PAHO. Such support was instrumental in providing family planning and reproductive health services to marginal groups in the country's six largest cities. It also helped to promote the use of new contraceptive methods such as the Norplant subdermal contraceptive implants, heighten the Government's awareness of the need to give special attention to the reproductive health of adolescents and develop a management information system (MIS) for MCH/FP services. UNFPA extended assistance to PROFAMILIA to strengthen and expand the surgical family planning services it provides and to the Presidential Programme for Youth, Women and the Family for activities to help reduce the incidence of adolescent pregnancy (mainly in the Pacific and Atlantic regions where adolescent pregnancy rates are the highest). The Fund also supported PROFAMILIA in undertaking the 1990 Demographic and Health Survey, which provided useful information for the planning and implementation of population activities.

15. Several factors impeded the implementation of UNFPA-supported MCH/FP activities, however. These included, among others, the somewhat limited technical advisory services provided by PAHO, the high turnover in personnel at the Ministry of Health, and frequent delays caused by the administrative procedures of the Ministry. All this was compounded by the fact that family planning had not been well integrated into the Ministry of Health's reproductive health and MCH programmes, nor was there any coordination between these programmes and the STD/AIDS programme. Moreover, in spite of initiatives to improve inter-institutional coordination and collaboration between the main parties involved in providing adolescent health care, contraceptive use among adolescents remains low, the teen-age abortion rate is high, and young people in certain social groups are largely unreached by family planning activities.

Information, education and communication

16. UNFPA has supported the Ministry of Education in integrating population education into primary and secondary school education and in promoting non-formal educational and cultural activities for youth and adult-literacy programmes in rural and urban areas. UNFPA assistance has helped to design and produce training materials and to train teachers and pilot centre staff in various parts of the country. A draft curriculum has been developed following the transfer of responsibility for the implementation of project activities from the Ministry's Office of Adult Education to the more prominent Office of Training, Curriculum and Educational Materials and Media.

17. A main obstacle to the implementation of population education activities has been the difficulties in forming a full-time technical team. This is mainly the result of frequent changes of personnel within the Ministry of Education and of the lack of importance given to population education by the Ministry. As a consequence, those who have received population education training abroad have often been transferred to other programmes, and population education has not yet been incorporated into school curricula. To expedite the process of providing population education to students, efforts are now concentrated in the formal sector, and the PRSD mission recommended that UNFPA focus its support away from the central authority to the regional and municipal levels.

18. Population communication has not as yet played a significant role in Colombia's population activities. So far, the efforts have been simplistic and unstructured. Since the Ministry of Education has concentrated on trying to reorient school curricula, population information and communication have been neglected. The Ministry of Communication has not been active in the population field even though its Directorate of Social Communication could play a very useful role.

Population and development

19. UNFPA has supported the National Department of Planning (DNP) in order to strengthen its institutional capacity to incorporate population components into development planning at all levels. The requisite socio-economic database and operational tools are being developed, and training has been provided. Operational research studies are to be carried out, and their results will be used for the development of a population programme.

Special programmes

20. UNFPA supported the Colombian Institute for Family Welfare (ICBF) in an innovative programme to improve the living conditions of women and their families in the marginal areas of four large cities. UNFPA assistance contributed to the design of operational approaches focusing on families and in support of local communities in improving their decision-making process in solving social problems. One result has been that in four community centers headed by women, family planning and sex education have now been institutionalized.

Other external assistance

21. Other than UNFPA, there have been few multilateral donors for population-specific activities in Colombia. The World Bank has provided assistance for expanding coverage of the health system, mainly in rural areas, in 19 regions. Both UNDP and UNICEF have provided assistance to the National Council for Youth, Women and the Family.

22. The majority of population assistance has come from bilateral sources, particularly the United States Agency for International Development (USAID) and Japan. USAID has provided about $4 million a year, of which about $3.5 million has been channelled through IPPF to support the MCH/FP activities of PROFAMILIA. The Japanese International Cooperation Agency (JICA) supported the Ministry of Health in implementing a MCH/FP project in the amount of about $4 million in Antioquia and Urabá regions over the period 1985-1990. This assistance was used to provide technical advisory services, training, equipment and contraceptives and to promote community participation through the construction of community centres. JICA intends to extend its assistance to expand the geographical coverage of such services and supplies, if the security situation improves. The Government of Germany has supported a primary health care project, including the provision of contraceptives, in three marginal urban areas. Canada has provided assistance for several small projects in the area of population IEC. Among NGOS, the Association of Voluntary Surgical Contraception provides about $500,000 a year to promote awareness of vasectomy and to provide training in voluntary surgical contraception and Norplant insertion.

23. External assistance in the population sector has been decreasing gradually, and this trend is expected to continue. USAID plans to phase out its assistance within three to four years. It is, therefore, very important that Colombia strive to become self-reliant in the implementation of population activities, especially family planning, in a relatively short period.

IV. PROPOSED PROGRAMME 1993-1996

24. Colombia does not have a comprehensive population policy nor a national population programme. The proposed programme is based on strategies developed along with the Government during the PRSD exercise in May 1992. The long-range and immediate objectives of the proposed programme are outlined in paragraph 3 above. The proposed programme strategies follow those specified in the National Social Development Plan: (a) assist the Government in setting up population goals as a basis for developing a population policy and a coherent national population programme; (b) target specific regions and municipalities and social groups such as adolescents, non-family planning users and men; (c) strengthen the capacity of regional and local governments to formulate, implement, coordinate, and evaluate population activities; and (d) promote community participation in design, implementation and evaluation of population activities and population policy and programme development.

25. It is anticipated that by reinforcing the ability of all levels of government to carry out population programmes it will be possible to: (a) strengthen the provision of quality family planning services, with an emphasis on promoting national self-reliance; (b) increase the choice, availability and use of family planning methods with special attention to the needs of adolescents; and (c) reinforce population IEC, including targeting priority populations and sensitizing policy makers.

26. Other population strategies include: (a) increasing the availability, understanding and utilization of population data; (b) promoting women's participation in all population and development activities and mainstreaming women's concerns into population and development planning, policies and programmes; (c) integrating environmental concerns into population policies and programmes; (d) enhancing programme management to improve technical backstopping, programme monitoring, evaluation and coordination at national and regional levels; and (e) enhancing collaboration and coordination among the public and private sectors and donors.

27. In accordance with the Government's policy of decentralization, and as recommended by the PRSD mission, UNFPA assistance in all sectors would be concentrated in certain regions and municipalities. These

would be jointly selected by the Government and UNFPA based on priority needs as reflected in adolescent pregnancy rates, maternal mortality rates, and levels of poverty. Thus, the proposed programme seeks to produce maximum impact on target populations with multisectoral approaches in the selected regions. Limited assistance to the central Government would also be provided but mainly as a support to development efforts in the selected regions and municipalities. It will be necessary to take into account the capacity of regional governments and municipalities to implement activities, the availability of institutional infrastructure and qualified human resources, and a demonstrated willingness to take action and to collaborate with other entities. Emphasis would be placed on improving the capacity of public institutions at the decentralized level to make management and administration more efficient and to strengthen technical and operational capacities. In so doing, UNFPA would support NGOs and the private sector in providing technical advisory services to the public sector.

Maternal and child health and family planning

28. The goals of UNFPA activities in the area of MCH/FP are to reduce the level of maternal mortality, the number of adolescent pregnancies, and the unmet needs for family planning services. To achieve these goals it will be necessary to adopt an integrated approach to increase use of family planning methods, improve the quality of family planning and reproductive health services, and increase understanding of responsible sexual behaviour, responsible parenthood and family planning. Integrated approaches would be used to reach these goals, that is, provision of quality reproductive health and family planning services and IEC. If successful, these efforts would create demand among non-users as well as help to meet present needs.

29. UNFPA would contract with experienced NGOs and the Ministry of Communication to provide technical advisory services on family planning and reproductive health services to the decentralized public health system. Within the selected municipalities and regions, UNFPA assistance would be targeted mainly to the 34 per cent of women of reproductive age who do not use family planning methods and to men. Within these two groups, priority would be given to: (a) the 15 per cent of women who are in marital or consensual unions who want no more children or who want to space their next pregnancy but are not currently using contraception; and (b) adolescents at risk of unwanted pregnancies.

30. UNFPA would provide assistance to support local government efforts to strengthen local health units, to widen the availability of contraceptive options, and to strengthen national self-reliance in providing contraceptives. The proposed programme would also support, as far as possible, local governments in developing a management information logistics system, training health workers in family planning services and counselling techniques, integrating family planning counselling and services into existing prenatal and post-partum care, and providing any contraceptives currently not being produced locally.

31. At the national level, UNFPA would study contraceptive requirements and cost-recovery systems and help establish an efficient referral system within the public health system. Collaboration would be sought with the private sector and bilateral agencies, such as USAID, in conducting these studies and in implementing cost-recovery schemes.

32. Special efforts would be made to reduce maternal mortality caused by abortion. The proposed programme would support the efforts of local governments in integrating family planning counselling and services into post-abortion care and in improving those services by creating awareness among health workers about the need to provide quality treatment for those suffering from complications of abortions. If resources permit, UNFPA would provide assistance to carry out regional epidemiological research studies on maternal

mortality and abortion and to monitor maternal mortality and abortion through establishing surveillance committees at all levels.

33. The proposed programme would continue to support the Presidential Programme for Youth, Women and the Family (PPJMF), which aims at reducing adolescent pregnancies. Depending on the results of these ongoing efforts, this assistance could be expanded to new areas of the country. Efforts would be made to ensure that the areas to be included, as far as possible, coincide with those selected for other types of support.

34. One of the emphases of the proposed programme would be to foster responsible sexual behaviour among males and to promote family planning services for men through IEC activities and the provision of male contraceptives such as condoms and vasectomy. Another important focus would be on preventing HIV infections by promoting the use of condoms, coordinating activities between the MCH/FP programme and the AIDS/STD programme, and integrating information about AIDS into all IEC and service delivery programmes.

35. UNFPA would provide a total amount of $2.6 million in the area of MCH/FP, of which $1.1 million would be sought from other sources, including multi-bilateral sources.

Information, education and communication

36. Communication. Special efforts would be made in the proposed programme to further increase awareness of population matters and to increase demand for family planning by expanding the coverage of population communication, by improving its message and presentation and by targeting special audiences. UNFPA assistance would be mainly concentrated in the selected regions and municipalities. Collaboration with UNICEF, which is providing assistance to the Directorate of Social Communication of the Ministry of Communication, would be sought in carrying out these IEC activities.

37. The proposed programme would support the efforts of local governments to increase awareness of family planning, gender issues, AIDS, responsible sexual behaviour, responsible parenthood and reproductive health among the priority target populations, that is, family planning non-users, adolescents at risk of unwanted pregnancies and men. It would also seek to increase awareness of the linkages between population and development and the environment among local decision makers and community leaders. UNFPA assistance would also be provided at the central level to support the Directorate of Social Communication within the Ministry of Communication in carrying out its own population communication activities and in coordinating the population communication efforts of others. Attention would be given to developing innovative and persuasive IEC approaches for different audiences.

38. The proposed programme would also support the Ministry of Communication and experienced NGOs in providing technical advisory services for communication activities carried out in UNFPA-funded projects and in developing a national population communication programme.

39. Formal population education. The proposed programme would continue to support the Ministry of Education's renewed efforts to incorporate population education into primary and secondary school curricula. To ensure that education materials developed for the incorporation of population education into primary and secondary school curricula reach teachers and students, the decentralized strategy would be used in order to move those materials into the classroom. UNFPA assistance would continue to be provided for production of population education teaching and learning materials for primary and secondary education and for pre-service and in-service teacher training and for training teachers. Other activities the proposed programme may support include evaluating ongoing efforts in order to accelerate their implementation, and sensitizing decision

makers of the Ministry of Eduction about the importance of population education. The proposed programme would support, as far as possible, incorporation of population education into programmes being supported by other United Nations agencies and donors. Collaboration with the World Bank would be explored for the incorporation of population education into primary and secondary school education.

40. UNFPA would provide a total amount of $1 million for IEC activities, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Data collection, population policy formulation and dynamics

41. UNFPA would support the Government's efforts to develop and adopt a formal, explicit population policy fully integrated into the social and economic development policies of the country and its territorial subdivisions. The development of a comprehensive national population programme would also be supported. The emphasis would be placed on: (a) mobilizing political, human and financial resources to establish and implement population policies; (b) ensuring that these policies and programmes are an integral part of social policies and programmes and receive regular financial allocations; and (c) ensuring that the public and private sectors are involved in the development and implementation stages of the policy and programme.

42. The proposed programme would support the integration of population components into the planning of social and economic sectoral activities and the financial decision-making process at both central and intermediate levels. In order to develop the human resources needed to make decentralization work, UNFPA assistance would be provided for training in demography and population and development through fellowships, seminars and workshops. The proposed programme could, if resources permit, provide assistance in identifying the municipalities with the greatest demographic needs.

43. The proposed programme would provide limited assistance to carry out the 1993 population census in view of the importance of producing reliable data for the development of socio-economic and population activities at both the central and decentralized levels and given that the quality of data produced by the 1985 census is considered poor and unreliable. UNFPA assistance would be provided for data analysis, the dissemination of census results through seminars and publications, and training in disaggregating data by gender.

44. If resources permit, UNFPA assistance would be considered to carry out surveys on specific demographic characteristics, especially on such topics as fertility at the regional level, contraceptive prevalence rates and abortion. The proposed programme would provide limited support for undertaking studies in such areas as the environment, the role of women in development, aging, and international migration and in disseminating their results.

45. UNFPA would provide a total amount of $1 million for activities in the areas of data collection, population policy formulation and dynamics, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

46. Women's concerns would be incorporated in all UNFPA-supported activities. UNFPA assistance proposed in this sector would aim to facilitate the incorporation of gender issues into all population activities under the proposed programme as well as other activities related to population and development. The proposed UNFPA programme would seek to sensitize UNFPA project personnel, project counterparts and

decision makers at all levels on gender issues and to promote the participation of women in population and development activities. UNFPA assistance would also be provided to support the implementation of the National Policy for Women, which encourages the participation of women's associations and community organizations in population activities. In carrying out activities in this sector, the programme would seek to take into account the findings of the interregional project on Women, Population and the Environment, when and as appropriate.

47. UNFPA would provide a total amount of $250,000 in the area of women, population and development, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

48. An amount of $150,000 would be set aside from UNFPA regular resources as a reserve to cover any unanticipated needs that may arise during the course of the programme.

Programme coordination

49. The implementation of programme activities would be coordinated by the Population Division and the Technical Cooperation Division of the National Department of Planning (DNP). A committee of UNFPA project directors would be established in order to strengthen the coordination and collaboration mechanism among UNFPA-funded projects to share experiences and project outputs. The Technical Cooperation Division of DNP would coordinate international population assistance. UNFPA would also support the Government's efforts to maintain close contact with other donors. Close coordination would be maintained with all United Nations agencies, especially among the members of the Joint Consultative Group on Policy (JCGP).

Programme monitoring, evaluation and management

50. The proposed programme would be managed by the UNFPA field office in coordination with the National Department of Planning on behalf of the Government. All activities of the proposed programme would have built-in monitoring and evaluation mechanisms, and independent evaluations would be a part of all larger and innovative projects. The programme would be closely monitored by a Country Director, stationed in Ecuador, and UNFPA field office staff, together with the Government. A mid-term programme review is anticipated at the end of 1994 or in the beginning of 1995. UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, including the UNFPA Country Support Team located in Santiago, Chile.

Financial summary

51. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $5 million over the four-year period 1993-1996, of which $3 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,500,000	1,100,000	2,600,000
Information, education and communication	600,000	400,000	1,000,000
Data collection, population policy formulation and dynamics	600,000	400,000	1,000,000
Women, population and development	150,000	100,000	250,000
Programme reserve	150,000	--	150,000
TOTAL	3,000,000	2,000,000	5,000,000

V. RECOMMENDATION

52. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Colombia in the amount of $5 million for the four-year period 1993-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $3 million from UNFPA's regular resources over the period 1993-1996;

(c) Further authorize the Executive Director to provide the balance of $2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Colombia and with the executing agencies.

DP

UNITED
NATIONS

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/124
15 March 1993

ORIGINAL: ENGLISH

Fortieth session
1 - 18 June 1993, New York
Item 5 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Guinea-Bissau
Support for a comprehensive population programme

Proposed UNFPA assistance:	$3.8 million, of which $2.6 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1993
Executing agencies:	Government of Guinea-Bissau United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Finance and Economic Planning

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93-15396

Guinea-Bissau

Demographic facts

Population (000)	
Total	964
Males	474
Females	490
Sex ratio (/100 females)	96.7
Urban	191
Rural	772
Per cent urban	19.9
Population in year 2000 (000)	1,192
Functional age groups (%)	
Young child: 0-4	16.5
Child: 5-14	24.4
Youth: 15-24	17.8
Elderly: 60+	6.6
65+	4.1
Percentage of women aged 15-49	45.7
Median age (years)	19.8
Dependency ratios: total	82.1
(/100) Aged 0-14	74.5
Aged 65+	7.5
Agricultural population density (/hectare of arable land)	2.5
Population density (/sq. km.)	27

Average annual change (000)	
Population increase	22
Births	43
Deaths	22
Net migration	1
Annual population total (% growth)	2.14
Urban	4.36
Rural	1.55
Crude birth rate (/1000)	42.7
Crude death rate (/1000)	21.3
Net migration rate (/1000)	..
Total fertility rate (/woman)	5.79
Contraceptive prevalence rate (% 15-44)	..
Gross reproduction rate (/woman)	2.85
Net reproduction rate (/woman)	1.89
Infant mortality rate (/1000)	140
Maternal mortality rate (/100,000)	914
Life expectancy at birth (years)	
Males	41.9
Females	45.1
Both sexes	43.5
GNP per capita (U.S. dollars, 1991)	180

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1992. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: 1992. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

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I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $3.8 million, of which $2.6 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1993, to assist the Government of Guinea-Bissau in achieving its population and development objectives. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed programme is based on the recommendations of a programming mission undertaken jointly by UNFPA and the Government of Guinea-Bissau in early 1992 and on lessons learnt from the execution of UNFPA's first comprehensive programme, from 1987 to 1990, which was extended to 1992. The mission provided the Government with an opportunity for an in-depth examination of interactions between the country's population and development needs. The programme takes into account the strategy for UNFPA assistance in sub-Saharan Africa (set forth in document DP/1987/37) and the Fund's implementation strategy to deal with issues concerning women, population and development (document DP/1987/38).

3. The proposed second programme aims to reduce the excessively high rates of maternal and infant mortality. To do so, the strategy, defined jointly with the Government, consists of: (a) strengthening and expanding the integrated family planning programme of the Government by promoting family planning both in and outside health facilities; (b) sensitizing the population in general and leaders in particular and bringing about changes in attitudes to population and family planning issues; (c) improving knowledge about the Guinean population situation, movements and trends; (d) providing a coherent framework for all population activities through support for the preparation of a population policy; and (e) strengthening the capacity of relevant organizations and groups to ensure that the interrelationships between women, population and development are understood and taken into account in programming activities.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14(d)); that respect for human life is basic to all human societies (para. 14(e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14(f)).

II. BACKGROUND

5. Demographic trends. According to the preliminary results of the 1991 population census, the total population of Guinea-Bissau was estimated at 983,367 distributed over a territory of 36,125 square kilometres, yielding a population density of 27.2 inhabitants per square kilometre. (See the demographic fact sheet on p. 2 for United Nations estimates.) Fertility is relatively high at 5.8 children per woman, which is in part the result of the early average age at first pregnancy. Owing to a very high infant mortality rate, 140 per 1,000 live births, the level of general mortality is one of the highest in Africa, with a crude death rate estimated at 21.3 per 1,000. Life expectancy at birth is estimated at 41.9 years for men and 45.1 years for women. Maternal mortality is very high at an estimated 914 maternal deaths per 100,000 live births (1989-1990). The rate of natural increase is estimated at 2.3 per cent per year for the period 1979-1991, but this does not include migration rates, for which there are no data. The rate is lower than that of many African countries because

of the country's very high mortality levels. The population is expected to reach 1.2 million by the year 2000. The urban population is increasing rapidly, reaching 20.1 per cent of the total population in 1991. Most of the urban population is concentrated in the capital of Bissau.

6. Economic and social factors. When Guinea-Bissau gained Independence in September 1973, it was confronted with the difficulties of reconstructing a national economy and infrastructure that had been destroyed during the long years of struggle for national liberation. The country's economic difficulties heightened during its transition from a Marxist economy to a liberal market system, which began in 1983. As a result, measures to stabilize the economy had to be initiated in 1986 with the support of the World Bank and the International Monetary Fund. The resulting structural adjustment programme constrained efforts to address the country's social and health problems, including the precarious living conditions of the majority of the population, especially children and pregnant women. The country lacks skilled human resources and continues to suffer from such external factors as unfavourable terms of trade, declines in the prices of principal commodities and high debt-service payments.

7. Nearly 80 per cent of the economically active population is engaged in agriculture, an area recognized as having considerable potential for growth. In realizing this potential, however, Guinea-Bissau must take into account the country's fragile ecological balance, which is already being threatened by deforestation and desertification in the country's eastern regions and by deforestation and bush fires in the north. The resulting drought conditions are having adverse effects on agriculture and on the living conditions of rural inhabitants.

8. The country's economic problems have led to low levels of investment in education and a resulting poor quality of educational materials and infrastructure. The literacy rate is low (30 per cent overall and 17 per cent for females), as is the school enrolment rate (54.8 per cent). This is particularly true for girls, only 30 per cent of whom between the ages of 7 and 10 attended school in 1988-1989. Parents prefer to keep girls at home for traditional and economic reasons. For these same reasons, the drop-out rate for female students increases with age. As a result, the literacy rate among women of child-bearing age is especially low, estimated at 4 per cent. Few students go beyond primary school (the country has only 11 secondary schools), and the 4.2 per cent secondary-school attendance rate is one of the lowest in the region. Moreover, there are very few opportunities for technical and vocational training, although a newly established technical training institute may help to remedy this. The situation is improving, however, with assistance from UNDP and the Swedish International Development Authority (SIDA). Among the positive developments are the efforts being undertaken under the aegis of the National Institute for Educational Development (INDE) to embark on a process of educational reform.

9. Health factors. The overall health situation in the country is affected by the current economic and financial crisis as well as the measures that have been taken within the framework of the structural adjustment programme. Moreover, traditional medicine plays an important role in the social life of the population, and, in general, traditional practices are still prevalent and even on the increase. Many of these, including excision, early marriage and early pregnancy, adversely affect the health of women and children.

10. An epidemiological study on maternal mortality, carried out in 1990, revealed that complications of pregnancy and delivery contribute significantly to the very high rate of maternal mortality. The study identified early, late, high-parity and unspaced pregnancies as the most common risk factors. Use of modern medicine, even if it is provided free of charge, has not yet become part of normal practice. Traditional medicine is preferred even if it must be paid for. Prenatal consultations are infrequent for cultural and economic reasons.

11. HIV infection is estimated to be at least 2.8 per cent of the total population, and the prevalence of other sexually transmitted diseases (STDs) is also a source of concern. However, the health statistics system is deficient, and data in these areas are generally considered to be unreliable. The national AIDS programme began in 1987 and has included an AIDS-awareness component to combat its spread. The Centre of Communication and Production of Teaching Materials for Health, which was created in 1991, has been instrumental in implementing the IEC programme to fight AIDS.

12. The functioning of the health system is constrained by the fact that 80 per cent of the population lives in small, scattered and inaccessible villages. The country's health system is organized into 634 village-level Basic Health Units (BHUs), which are managed by the villages themselves and supervised by 116 health centres. Each health centre is run by Ministry of Health staff. The BHUs and health centres provide basic health care, including selected family planning services. At the regional level there are four hospitals, 11 well-equipped health centres capable of providing integrated family planning services with the exception of sterilization, and two MCH/FP referral centres that also provide integrated family planning services with the exception of sterilization. Finally, one of the two national hospitals in Bissau has a maternity unit, although its equipment is old and inadequate. Bissau also has an MCH/FP referral centre that directs and supervises all family planning activities in the country and handles the management and distribution of contraceptives and medical equipment related to family planning activities.

13. Attitudes towards family planning. The Government gives priority to the MCH/FP programme, although it has not yet adopted a national family planning policy. While, in principle, family planning services are to be fully integrated into the MCH services in all health structures, such integration has taken place in only 11 sites. Knowledge of family planning methods is quite low, particularly in rural areas. Results of a 1990 demographic and health survey indicate that, at the national level, 16 per cent of the women interviewed knew of at least one modern contraceptive method. Breast-feeding is widely practised, and when effectively combined with the tradition of sexual abstinence during lactation, leads to a two-year birth interval. These patterns are gradually changing, and the period of abstinence has also been linked to the fairly high prevalence of STDs and HIV infection.

14. The intra-uterine device (IUD) is currently the most widely used modern method of contraception, followed by the pill. The BHUs, as well as private pharmacies, distribute condoms. Family planning services are, in principle, accessible to everyone. In practice, however, medical personnel reckon that to obtain such services women should be over 18 years and, if married, obtain their husbands' authorization. There is no law concerning contraception. The Catholic Church openly and actively supports family life education activities and has initiated a movement to promote natural methods of contraception through counselling in the health centres of Catholic missions. The contraceptive prevalence rate is estimated at between 5 per cent and 12 per cent in urban areas and less than 1 per cent in rural areas.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

15. UNFPA has been providing financial assistance to Guinea-Bissau since 1976 with support for MCH activities. In 1987, the first UNFPA-supported programme was approved by the Governing Council, for a four-year period (1987-1990) in the amount of $2.1 million. The objective of the first programme was to strengthen national institutional capacity in formulating a population policy to meet the socio-economic and cultural situation of the country. The priorities of the first programme were to organize and conduct the second population census; to strengthen MCH/FP activities, mainly through the training of medical personnel; to improve the health infrastructure; and to establish a family life education programme. The programme also

provided training for national staff in demography and helped strengthen the capacity of the national organization for women through training in family health.

16. Several significant developments took place during the period of the first programme, for example, the Government became increasingly aware of the importance of taking population factors (population size, trends and movements) into account in its development planning process. This led it to concentrate on data collection activities as a means of obtaining the baseline data needed for decision-making. The high infant and maternal mortality rates revealed by these activities started the Government thinking about adopting a national family planning policy that would provide a coherent framework to donors furnishing assistance for family planning activities. The first programme had to be extended to the end of 1992 due to its slow rate of implementation. Among the problems encountered were the scarcity of trained personnel, the limited understanding of the interactions between population and development, and a very low institutional capacity to implement population activities. In addition, execution of the first programme suffered from delays in the release of multi-bilateral funds for census operations.

Maternal and child health and family planning

17. UNFPA's assistance to the MCH/FP sector dates back to 1976. The first country programme aimed at strengthening MCH/FP services, including the construction of an MCH/FP referral centre in Gabu, a relatively remote rural area in the eastern part of the country. During the early 1980s, the Government gave very little attention to family planning per se, insisting instead that family planning activities should be integrated into MCH services. UNFPA assistance included long- and short-term training of medical personnel, the purchase of medical equipment and strengthening the management capability of the Ministry of Public Health at the central level. In 1988, however, the national authorities expressed their concern over the low level of coverage of family planning services. As a result, the on-going MCH/FP programme was reformulated with the aim of improving the quality of family planning within MCH services

18. The long-term training component of the programme was considerably delayed by the complicated and lengthy administrative procedures for fellowships at WHO. Eventually, 10 doctors, one nutritionist and one manager participated in short-term training programmes in Portugal, Mauritius and Belgium. A December 1991 follow-up visit of trainees from the Portugal programme revealed that personnel who had been trained were seldom given the opportunity to use their newly acquired skills. In the absence of clearly defined objectives, a detailed working plan and agreement on the organization and sharing of responsibilities in managing and executing the programme, the impact of UNFPA assistance in the field of MCH/FP activities has been limited.

Information, education and communication

19. In 1988 a programme to introduce family life education into the formal education system was formulated with the assistance of UNESCO and approved by UNFPA in the amount of $300,000. The long-term objective was to introduce elements of family life education into the country's primary- and secondary-school curricula. The project, which was delayed for one year, has now gathered momentum with the completion of the training of the national team and the recruitment of the United Nations Volunteer in 1991. The approach is to first integrate components of family life education into pertinent subjects at the primary-school level, then expand such integration to the secondary level, after a review and assessment of the curriculum. The implementation of this programme occurs at a propitious time since the Government is

currently reviewing and is reorganizing the educational system with support from UNDP and the Swedish International Development Association (SIDA).

Data collection and analysis

20. UNFPA provided assistance for Guinea-Bissau's second population census. This required a large proportion of total UNFPA expended resources in the country, particularly from 1990 to 1992. The Government gave top priority to this operation, although resources from multi-bilateral sources were received much later than anticipated. Initially planned for 1990, the field operations finally took place towards the end of 1991. The Government was able to release preliminary results by April 1992, reflecting the importance it attached to the situation. The data entry and verification started immediately afterwards, and the publication of the results was planned for early 1993 in spite of difficulties with data processing operations. Although the data have not yet been evaluated, the general opinion is that the 1991 census was conducted capably at all stages. The census questionnaire made possible the collection of important data for an indirect knowledge of mortality and fertility. However, it is still necessary that these data be further analysed. Moreover, the little information that is available has barely been disseminated. UNFPA and the Government of the Netherlands provided a total amount of $1.3 million to help finance personnel costs, training in data processing, computer equipment, vehicles and office equipment, maintenance and printing costs.

Population policy formulation

21. Guinea-Bissau does not yet have an explicit population policy, although it has declared that it is prepared to consider the possibility of preparing, discussing and adopting one. To date, the only direct contribution to policy formulation has been support for the training of one national demographer. UNFPA also contributed to the funding of a 1990 seminar on "Population and Development" under the aegis of the Ministry of Planning and Cooperation and drawing on the technical assistance of the Centre d'études et de recherche sur la population pour le développement (CERPOD), which brought together the officials of various ministerial departments. The seminar recommended the creation of a population unit that would be responsible for preparing a population policy and ensuring that population variables are taken into account in development planning. There has been a significant development in the understanding of population problems on the part of national authorities in Guinea-Bissau.

Women, population and development

22. In cooperation with UNDP and UNIFEM, UNFPA has provided assistance to efforts to improve the status of women in Guinea-Bissau to facilitate their integration into the development process. Specific activities have focused on improving the health of rural women and children, disseminating information on the advantages of MCH/FP and fostering the economic independence of women. UNFPA contributed towards the construction costs of a training centre for animators recruited by the Ministère de la Promotion Féminine: 16 have already been trained and assigned to the field; a second group is undergoing a two-year training programme consisting of health, family planning, management, and other skills. UNIFEM's support for this project has enabled the Ministry to establish three centres.

Other external assistance

23. Several United Nations organizations are active in Guinea-Bissau, primarily in the health area. For example, UNICEF is providing $7.4 million in assistance within the framework of its 1989-1993 programme,

mainly to help strengthen the primary health care system. Among the aims of this assistance are to expand the enhanced programme of immunization (EPI) and the national essential drugs programme, improve water and sanitation, and establish a social communication system in rural areas. WHO assists the Ministry of Health in coordinating donor support to the health sector and provides support for the national AIDS programme, EPI, the essential drugs programme and the national university's School of Medicine. WHO also participates in health education activities. The World Food Programme (WFP) provides support to selected health training and nutritional centres, and UNDP is supporting a project to involve some 400 women in market-gardening activities in 14 villages around the city of Bissau. The activities are intended to generate income as well as improve the quality of food available to the family. The World Bank is currently preparing a project that will focus on training and IEC activities in the health and education sectors, complementing its $4.7 million in assistance during 1988-1992 to help the Government improve the management capacities of the Ministry of Health at both the central level and the level of the regional health teams.

24. Numerous bilateral donors and NGOs have also been active in Guinea-Bissau, again mostly in the health sector. The United States Agency for International Development (USAID) provided approximately $500,000 in assistance during 1985-1990 to support training in the health area, as well as to provide contraceptive supplies. The European Community, SIDA, Denmark, Italy, the Netherlands, and the Holy See have all provided support for programmes in the health sector, including those seeking to control the spread of AIDS, rehabilitate and equip health centres and provide food aid. In addition, France and Portugal have assisted the country in creating television centres and establishing a civil registration system. The Association Guinéenne pour le Bien-être familial (AGUIBEF), the national affiliate of IPPF, has been in operation since 1990, and Radda Barnen, the Swedish NGO, has provided some $3.1 million to construct and equip a new MCH/FP centre in Bissau. It is also providing technical and logistical support to the centre.

IV. PROPOSED PROGRAMME 1993-1997

25. The proposed UNFPA programme of assistance is based on the findings and recommendations of the programming mission that visited Guinea-Bissau in early 1992. The mission recommended, in consultation with the Government, that Guinea-Bissau should formulate a population programme whose long-term goal would be to help establish a balance between population growth, economic resources, natural resources and the environment. The programme's medium-term objective would be to reduce maternal and infant mortality. The strategy devised to achieve this goal was defined jointly by UNFPA and the Government. It serves as the framework of the UNFPA programme and is outlined in paragraph 3 above. It takes into account the socio-cultural context and current problems of the country and places emphasis on two key sectors -- MCH/FP and IEC, both of which are described in some detail below.

Maternal and child health and family planning

26. UNFPA assistance to the MCH/FP sector aims at contributing to the reduction of maternal and infant mortality by attaining a contraceptive prevalence rate (CPR) of 15 per cent in urban areas and 7 per cent in rural areas by the end of 1997. UNFPA would concentrate on improving the quality of and access to family planning services in areas where population density is the highest. This would be done by strengthening government family planning services, extending such services to rural areas and promoting the use of national and international NGOs to provide family planning services outside the national primary health-care system.

27. UNFPA assistance would focus on constructing, renovating and equipping government family planning centres. The aim would be to increase the number of such centres from 11 in 1992 to 18 in 1997; to renovate

and rehabilitate existing centres (with the assistance of SIDA); and to equip all centres so that they can offer a full range of family planning services except surgical methods, which would be provided in one of the two central hospitals in Bissau and in three regional hospitals. UNFPA would continue to supply contraceptives, as well as explore with UNICEF and WHO the possibility of using the distribution network of the essential drugs programme to distribute contraceptives. The Fund would also make use of basic health aides and traditional birth attendants (TBAs) to distribute mon-medical contraceptives in rural areas.

28. It is envisaged that UNFPA would collaborate with UNICEF in setting up a simple statistical system to help in monitoring family planning activities. The Fund would also provide support to examine acceptor files at different MCH/FP centres in order to prepare estimates on the current contraceptive use in the country. Finally, two knowledge, attitudes, practice (KAP) surveys (one at the beginning and one at the end of the programme) would be carried out with technical support from The Population Council.

29. A comprehensive referral system would be set up and a sensitization programme on the availability of services carried out. UNFPA would help organize appropriate training in family planning techniques and assist in integrating it into the curricula of all training institutes for health personnel. Such training would include a component to increase awareness among all levels of health personnel of traditional practices that are harmful to the health of women and children, including excision and early marriage, among others.

30. In order to supplement the efforts of the Government and to increase the accessibility of services, UNFPA would provide support to appropriate NGOs as well. For example, assistance would be given to AGUIBEF to open branches in densely populated areas in order to promote family planning there. UNFPA would also support the activities of NGOs providing family planning services in workplaces and recreational centres, particularly for men. Finally, NGOs operating at the community level will be supported for the social marketing and distribution of contraceptives through the basic health units.

31. UNFPA would provide assistance in the area of MCH/FP in the amount of $1.6 million, of which $500,000 would be sought from other sources, including multi-bilateral sources. This amount includes a contribution of $500,000 from other donors such as SIDA, the World Bank, UNICEF and France that have demonstrated interest in supporting family planning activities.

Information, education and communication

32. In view of the very low level of literacy and the strong influence of traditional cultural values on behaviours and perceptions, particularly regarding health care, family dynamics and human reproduction, the proposed UNFPA programme would place considerable emphasis on IEC activities. The objective of such activities would be to help the population in general and national leaders in particular understand and accept family planning as an integral component of effective mother and child health care and of the welfare of the family and of the nation. UNFPA would support a multisectoral, multi-media approach, making use of the national radio network, which already broadcasts a number of educational programmes and covers 80 per cent of the national territory, and television, which covers most of the country and broadcasts for four hours a day. Such an approach would also stress interpersonal and traditional methods of communication. Since there is no dominant written or official language, information and education materials would be translated, to the extent possible and appropriate, into the vernacular languages of the various ethnic groups.

33. Mass media campaigns would be used to address a wide range of issues in addition to family planning, such as the health and status of women, including traditional practices that are harmful to the health of

mothers and children; the prevention of sexually transmitted diseases (STDs), including AIDS; and the urgent need to protect the environment. The first such campaign would be organized in 1993 to combat the practice of excision of young girls. It is hoped that the campaign would yield some methodological approaches that could be used in organizing other campaigns aimed at changing attitudes and behaviours towards family life and reproduction.

34. UNFPA would provide support for the preparation of a national IEC population programme by the Inter-ministerial Coordinating Committee for IEC under the direction of the Social Communication Unit, which has been designated as the coordinating body for all IEC activities in the social sector. This unit, which is already supported by UNICEF, would be strengthened by UNFPA to enable it to extend its IEC activities to rural areas and to broaden the scope of its activities. A study of traditional methods of family planning would be carried out and the results fed into the IEC programme.

35. The proposed programme would also provide support for: (a) the production, by the Social Communication Unit in collaboration with the World Bank, of educational material for use by all categories of field staff of various ministries and NGOs involved in IEC and other population activities; (b) the training of community agents who would act as IEC front-line workers to create demand for family planning at the village level; and (c) the strengthening of the capacity of selected NGOs to integrate population IEC activities into their programmes. In this connection, UNFPA would, inter alia, work closely with NGOs promoting natural methods of family planning and the Islamic Organization of Guinea-Bissau to sensitize the public as to how the teachings of Islam relate to population issues. In the formal education system, UNFPA would continue to assist the Government in integrating family life education into the curricula of primary schools. A review of secondary-school curricula would be undertaken during the programme period, and the new curricula designed to generalize the teaching of family life education would be tested. Collaboration with SIDA will be sought in printing of the revised curricula. UNFPA would provide a total of $1.05 million for population IEC activities, of which $200,000 would be sought from other sources, including multi-bilateral sources.

Data collection and analysis

36. The objective for UNFPA assistance in the area of data collection and analysis would be to improve knowledge and understanding of the country's population structure and trends. At present, data related to population structure and movement are rare or nonexistent. An important element would be publication and dissemination of the results of the 1991 census. During the course of the proposed programme, UNFPA would support the preparation and implementation of a census analysis plan. Use of national expertise would be encouraged, and close collaboration between the newly created National Institute of Studies and Research and the National Institute of Statistics and Censuses would be fostered. UNFPA would assist in the preparation and implementation of a research programme on various population-related problems. The programme would be defined on the basis of available data, such as those of the maternity unit of the Simon Mendes Hospital in Bissau, in order to undertake an in-depth analysis of the determinants of maternal, neo-natal and infant mortality. Limited support would be given to improve the civil registration system in urban areas once the Government has enacted legislation to make the declaration of births, deaths and marriages mandatory.

37. UNFPA assistance for data collection and analysis would amount to $400,000, of which $150,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

38. Under the proposed programme, UNFPA would assist Guinea-Bissau in preparing an outline of a population policy adapted to the context and realities of the country and, following its adoption, in publicizing the policy and preparing the plan of action for its implementation. Concurrently, UNFPA would support the training of government personnel in the fundamentals of demography and of the interrelationship of population and development in order to assist the Secretariat of State of Planning, attached to the Ministry of Planning and International Cooperation in including population variables in its development planning. Conscious of the usefulness of the elaboration of a population policy, the Government has already drafted a proposal to create a population unit within the Secretariat. UNFPA would provide $250,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

39. One of the main objectives of the UNFPA programme would be to help strengthen national efforts to integrate women into all aspects of the development process. This would be done through support to the Ministry for the Promotion of Women, whose mandate is to design a national strategy to ensure that women are taken into account in all activities undertaken by other ministerial departments. However, the Ministry was only recently established, and its technical capacity is still weak and the resources at its disposal very limited. UNFPA would, therefore, provide assistance to strengthen the Ministry's capacity to consolidate training programmes in family health for rural female extension workers, produce and distribute appropriate educational materials, and promote Safe Motherhood, including providing information on harmful traditional practices. UNFPA would also finance the training of the community workers of the Ministry in such areas as family planning, hygiene, nutrition, and Safe Motherhood. The UNFPA programme would support IEC activities to improve awareness of family planning and family life education and provide audio-visual equipment and training materials to women's educational and economic groups. UNFPA would seek to collaborate with UNDP in this area. An amount of $400,000 has been earmarked for this sector, of which $250,000 would be sought from other sources, including multi-bilateral sources.

Programme reserve

40. An amount of $100,000 has been set aside as a reserve to cover unforseen activities that may be developed within the context of the proposed programme.

Programme coordination

41. Presently, the coordination of international donor assistance to Guinea-Bissau is the responsibility of the Ministry of Planning and International Cooperation, which is also responsible for coordinating the population programme. As recommended by the PRSD mission, an inter-ministerial body will be set up to serve as the focal point for all population activities in the country and particularly in the preparation of the population policy. Its secretariat will be located in the Ministry of Planning and Cooperation. The Joint Consultative Group on Policy (JCGP) will facilitate the coordination of the activities of the agencies and organizations of the United Nations system.

42. MCH/FP activities have a separate coordinating committee, which was set up in March 1991 under the aegis of the Ministry of Health and with the active collaboration of WHO. Another committee was set up that same year specifically to follow up on the implementation of the recommendations of the World's

Children's Summit. It is chaired by the Minster of Planning and Cooperation. The various sectoral ministries concerned as well as the donors involved in maternal and child health belong to this coordinating structure. Population IEC activities will be coordinated by the Inter-ministerial Coordinating Committee for IEC, under the direction of the Social Communication Unit.

Programme monitoring, evaluation and management

43. The UNFPA programme would be monitored and evaluated in accordance with standard UNFPA guidelines, which require, among other things, a mid-term and final review, as well as tripartite reviews of individual activities. All activities would also have built-in monitoring and evaluation components to monitor implementation at regular intervals and to assess the results and contributions of various activities to the achievement of the programme's overall goals.

44. The UNFPA Representative in Bissau would be responsible for the follow-up, evaluation and management of the programme. He would be supported in these tasks by the UNFPA Country Director resident in Dakar. UNFPA would also make full use of available and appropriate national and regional technical backstopping capacities, complemented by the UNFPA Country Support Team located in Dakar. UNFPA would seek to develop the management capability of local staff and to promote national execution of projects through management training and training in UNFPA administrative and financial procedures.

Financial summary

45. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.8 million over the five-year period 1993-1997, of which $2.6 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1.2 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,100,000	500,000	1,600,000
Information, education and communication	850,000	200,000	1,050,000
Data collection and analysis	250,000	150,000	400,000
Population policy formulation	150,000	100,000	250,000
Women, population and development	150,000	250,000	400,000
Programme reserve	100,000	--	100,000
TOTAL	2,600,000	1,200,000	3,800,000

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V. RECOMMENDATION

46. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Guinea-Bissau in the amount of $3.8 million for the five-year period 1993-1997;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2.6 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to seek to provide the balance of $1.2 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available;

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Guinea-Bissau and with the executing agencies.